Address to: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

reserved.

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(1) is a **continuation** of prior Application No. 09/925,112, filed August 9, 2001.

Appli	cant	(or identifier): DIMARCO ET AL.					
Title:		POLYMORPHS OF AN EPOTHILONE ANALOG					
Enclo	sed	are:					
1. 2. 3.		Specification (Including Claims and Abstract) - 22 pages Drawings - 9 sheets Declaration and Power of Attorney a. Newly executed (original or copy) b. Copy from a prior application (signed or with indication that original was signed) i. Deletion of Inventors Signed statement attached deleting inventor(s) named in the prior					
4.	\boxtimes	i. Deletion of Inventors Signed statement attached deleting inventor(s) named in the prior application corporation By Reference e entire disclosure of the prior application, from which a copy of the Declaration of Power of Attorney is supplied under Box 3b, is considered as being part of the closure of the accompanying application and is hereby incorporated by reference trein. crofiche Computer Program (appendix) cleotide and/or Amino Acid Sequence Submission					
5. 6.		Microfiche Computer Program (appendix) Nucleotide and/or Amino Acid Sequence Submission Computer Readable Copy Paper Copy Statement Verifying Identity of Above Copies					
7. 8. 9. 10. 11. 12.		Preliminary Amendment Assignment Papers (Cover Sheet & Document(s)) English Translation of Information Disclosure Statement Certified Copy of Priority Document(s) Return Receipt Postcard Other:					
\boxtimes	App	right to elect an invention or species that is different from that elected in parent lication No. 09/925,112 in the event of a restriction or election of species requirement is identical or substantially similar to that made in said parent application is hereby					

Filing fee calculation:

Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
Before calculating the filing fee, please cancel claims

Basic Filing Fee										770
Multiple Dependent Claim Fee (\$)										
Foreign Language Surcharge (\$)									\$	
	For	Number Filed		Number Extra		Rate				
Extra Claims	Total Claims	20	-20		х	\$	18	=	\$	
	Independent Claims	3	-3		х	\$		=	\$	
TOTAL FILING FEE										770

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$770. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Stephen B. Davis Bristol-Myers Squibb Company Patent Department P.O. Box 4000 Princeton, NJ 08543-4000

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (609) 252-4526.

Respectfully submitted,

Date: February 6, 2004

Gary D. Greenblatt Agent for Applicants Reg. No. 47,609

Tel. No. (609) 252-3850